REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Box RCE P.O. BOX 1450, Alexandria, Virginia 22313-1450		
	Application Number	10/065,012
	Filing Date	September 10, 2002
	First Named Inventor	Lawrence E. THIEBEN
	Art Unit	1712
	Examiner Name	AYLWARD, DAVID E.
	Attorney Docket Number	IN-5596

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission requested under 37 CFR 1.114

 a. [] Previously submitted
 i. [] Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____
 (Any unentered amendment(s) referred to above will be entered).
 ii. [] Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 iii. [] Other _____

 b. [x] Enclosed
 i. [] Amendment/Reply
 ii. [] Affidavit(s)/Declaration(s)
 iii. [x] Information Disclosure Statement (IDS)
 iv [x] PTO-1449 and Cited References

2. Miscellaneous

 a. [] Suspension of action on the above-identified application is requested under 37 CFR 1.103© for a Period of ____ months. (period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) request)

 b. [] Other

3. Fees — The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

 a. [x] The Director is hereby authorized to change the following fees, or credit any overpayments, to Deposit Account No. 23-3425

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 [x] RCE fee required under 37 CFR 1.17(e)
 ii [] Extension of time fee (37 CFR 1.136 and 1.17)
 iii. [] Other _____

 b. [] Check in the amount of $ _____ enclosed

 c. [] Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (print Type)	Anne Gerry SAbourin	Registration No. (Attorney Agent)	33,772
Signature	Anne G. Sabourin	Date	April 20, 2004

CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to : Commissioner For Patents, Box RCE, P.O. BOX 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below			
Name (Print Type)	Marjorie Ellis		
Signature	Marjorie Ellis	Date	April 20, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231

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